

Health Access Nurturing Development Services (HANDS)
Provider Type 15
[907 KAR 3:140](#)

Information about the Program:

- Provider can only be an entity, not an individual.
- Provider must have a primary physical location within the state of Kentucky.
- Out-of-state providers may not enroll.
- Providers must be Department for Public Health, local, or district health department. [907 KAR 3:140, Section 1 \(5\)](#) states “Partnership” means an entity that meets the criteria established in [907 KAR 1:705](#), and under contract with the department in accordance with KRS Chapter 45A, agrees to provide, or arrange for the provision of health services to members, on the basis of prepaid capitation payments.

New Provider Application, Revalidation and Maintenance Information:

- All provider applications (new enrollment, revalidations, and maintenance items) are now completed using the **KY Medicaid Partner Portal Application** ([KY MPPA website](#)).

Supporting Documentation Required for New Provider Enrollment, Revalidation and Maintenance Tasks:

- For state agency providers, submit a notarized statement attesting to being a state agency.
- For non-health department providers, an IRS letter of verification of FEIN or official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- If the provider chooses to enroll in direct deposit, verification of the bank routing/accounting numbers, such as voided check or bank letter, is required.

KY Medicaid Partner Portal Application (KY MPPA):

Link to Enroll as a Kentucky Medicaid Provider:

<https://medicaidsystems.ky.gov/Partnerportal/home.aspx> and click *Let's Get Started*

Link to the Kentucky Medicaid Partner Portal Application (KY MPPA):

<https://chfs.ky.gov/agencies/dms/dpi/pe/Pages/mppa.aspx>

Where providers can:

- Register for a KY MPPA account
- Access KY MPPA training resources
- Register for or view pre-recorded webinars
- Subscribe to CHFS email for updates
- And so much more